

**CARLISLE BOARD OF HEALTH
APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

Name of Establishment

Operator

Contact Telephone

Name of Event/Location

Date(s) of Event/Hours of Operation

Operator Mailing Address

1. Before completing this application, read "Food Safety at Temporary Events". Have you read this material? YES NO
2. Menu: Attach or list **ALL** items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.
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3. Will all foods be prepared at the temporary food service booth?
YES Fill out **Section B** below.
NO 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.
2. Fill out **BOTH Sections A and B** below.

4. List any potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

| Food | Thaw | Cut/ Assemble | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portion Package |
|------|------|------------------|------|------|-----------------|--------|-------------|--------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

SECTION B: At the booth:

| Food | Thaw | Cut/ Assemble | Cook | Cool | Cold Holding | Reheat | Hot Holding | Portion Package |
|------|------|------------------|------|------|-----------------|--------|-------------|--------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of garbage: _____

6. On the **BACK** of this page, please draw a sketch of the booth.

I certify that I am familiar with 105 CMR 590.00 Minimum Sanitation Standards for Food Establishments – Chapter X., federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

APPLICANT'S SIGNATURE

DATE